



GAY 1652 \$

#16

9-28-98

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 27866/32960

**CONTINUED PROSECUTION APPLICATION REQUEST
TRANSMITTAL UNDER 37 CFR 1.53(d)**

**Box CPA
Assistant Commissioner for Patents
Washington, D.C. 20231**

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SEP 16 1998

**MAINTENANCE
SERVICE CENTER**

Sir:

This is a request under 37 CFR 1.53(d) for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 08/663,618

Filed on: June 14, 1996

Title: Chitinase Materials and Methods

Art Unit: 1652

Examiner: R. Prouty, Ph.D.

09/15/1998 RHAGAT 00000102 08663618

01 FC:231 395.00 OP
02 FC:202 12.00 OP
03 FC:204 135.00 OP

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continued Prosecution Application Request Transmittal Under 37 CFR 1.53(d) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **September 11, 1998**, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EM099831960US.


Richard Zimmermann

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2. This request is filed by:

MATRIX CUSTOMER
SERVICE CENTER

| | | | |
|--------------------------------|---|---|---|
| 1. Full Name of Inventor | Family Name Gray | First Given Name Patrick | Second Given Name W. |
| Residence & Citizenship | City Seattle | State or Foreign Country Washington | Country of Citizenship United States |
| Post Office Address | Post Office Address 2244 38th Place Ease | City Seattle | State & Zip Code/Country Washington, 98112 |
| 2. Full Name of Inventor | Family Name | First Given Name | Second Given Name |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship |
| Post Office Address | Post Office Address | City | State & Zip Code/Country |
| 3. Full Name of Inventor | Family Name | First Given Name | Second Given Name |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship |
| Post Office Address | Post Office Address | City | State & Zip Code/Country |

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. Amendments

- ☐ Cancel claims _____ in the prior application before calculating the filing fee.
- ☐ A Preliminary Amendment is enclosed.
- ☐ Please enter the Amendment Under 37 CFR 1.116 previously filed in the prior nonprovisional application on _____, but unentered.
- ☐ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. Priority

- ☐ Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
 - ☐ The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
 - ☐ The certified copy(ies) has(have) not been filed.

5. Assignment

- ☒ The prior application is assigned of record to ICOS Corporation, and has been recorded at Reel No. 8509, Frame No. 153.

6. Small Entity Status

- ☐ A small entity statement is(are) attached.
- ☒ Small entity status has been established in the prior nonprovisional application and such status is still proper and desired.

7. Power of Attorney

- ☐ A new power of attorney or authorization of agent is enclosed.

8. Information Disclosure Statement

- ☒ PTO-1449 and Information Disclosure Statement is enclosed.
- ☒ Copies of Information Disclosure Statement citations are enclosed.

9. Fee Calculation

| CLAIMS AS FILED - INCLUDING AMENDMENT(S) (IF ANY) | | | | | | |
|--|-----------|-----------|--------------|----------|---------------------------|----------|
| | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
| | NO. FILED | NO. EXTRA | RATE | FEE | RATE | FEE |
| BASIC FEE | | | | \$395.00 | | \$790.00 |
| TOTAL | 34 - 20 | = 14 | X 11 = | \$ | X 22 = | \$ |
| INDEP. | 5 - 3 | = 2 | X 41 = | \$82.00 | X 82 = | \$ |
| <input checked="" type="checkbox"/> First Presentation of Multiple Dependent Claim | | | + 135 = | \$135.00 | + 270 = | \$ |
| Filing Fee: | | | | \$612.00 | OR | \$ |

10. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$612.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

11. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Please direct all future communications to Li-Hsien Rin-Laures, at the address below.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,
MURRAY & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6402
(312) 474-6300
(312) 474-0448 (Telefacsimile)

By:

Li Hsien Rin-Laures

Li-Hsien Rin-Laures, M.D.
Reg. No: 33,547

September 11, 1998